FORM 1 PARA BADMINTON MEDICAL INFORMATION FORM

Note: This form is for the player who is seeking classification for competition and must be filled by the doctor who can provide the medical information relating to his/her disabilities. All information provided will be treated as CONFIDENTIAL.

Please provide copies of any medical diagnosis – for example medical imaging, X-rays etc. This information will be recorded in the BWF Para badminton database in accordance with the BWF Licensing Programme for Para badminton Players.

Limitations due to pain are not taken into account for the purposes of classification if that is the only condition.

For submission: Please type on this form – and when completed print out and sign. The form must be scanned into .pdf file(s) and send to classifier@badmintonengland.co.uk at least 4 weeks prior to the tournament. Please also bring the original form along to the classification process.

Tournament Details (To be filled by athlete or coach)	
Name of Tournament (Tournament you are participating)	
Proposed Sport Class at Entry (Please circle only one)	WH 1 / WH 2 / SL 3 / SL 4 / SU 5 / SH 6

Players Details (To be filled by athlete / coach. Please type in CAPITAL LETTERS)	
Last Name	
First Name	
Nationality (as stated in passport)	
COUNTRY (country you represent in Para badminton)	
Date of Birth (DD/MM/YYYY)	

Medical Diagnosis (To be filled by doctor)
Please provide brief details of the medical diagnosis. Include dates and details of anything which affects the MOTOR functions of the body, for example: Congenital conditions; Spinal cord injuries / diseases; Head injuries; Neurological conditions; Amputation of limbs; Peripheral Nerve lesions; Arthrodesis of joints.

Any additional impairments? (Scoliosis, arthrodesis, spasticity, etc.)
Operations in the Past (To be filled by doctor)
List the operations undergone in the past

Current Medications (To be filled by doctor / athlete / coach)
List the medications currently taking (name the substance – not the medicaments name). The athlete and coach are advised to refer to current WADA list for banned substances and submit TUE form if needed.

Doctor's Details (To be filled and signed by doctor)		
Full Name		
Address	**Postal Address:**	**Official Stamp:** **Signature:**
Contact Details	**Mobile Number:** **Email Address:**	

Date of Examination (DD/MM/YYYY)	
Place of Examination	

Athlete's Declaration and Acknowledgment

I _____(Players Name)_____declare that this is a true and accurate record:

Players Signature		**Date/Time (DD/MMM/YYY)**	

Wheelchair Category Questionnaire

(Please mark "X" in the given brackets)

These questionnaires must be completed by new players in wheelchair category. **The answers must also be confirmed truthful by the doctor and the team manager.**

*** The athlete MUST bring the assisted device(s) to classification.**
*** Please note that Question 4. MUST be confirmed truthful by the athlete and the coach/manager only.**

<table>
<tr><th colspan="4">Wheelchair Category Questionnaire</th></tr>
<tr><td>1.</td><td>Do you totally depend on wheelchair for mobility?</td><td colspan="2">NO ( ) YES ( )</td></tr>
<tr><td colspan="4">If you answer No to Question 1, please answer the following questions:</td></tr>
<tr><td rowspan="2">2.</td><td rowspan="2">How do you walk in your house?</td><td>Without assistive device
YES ( )
NO ( )</td><td>Do you have a limping gait? (e.g. walk with a limp)
a) None ( )
b) Mild ( )
c) Moderate ( )
d) Severe ( )</td></tr>
<tr><td>With assistive device
YES ( )
NO ( )</td><td>State the device(s): (Tick all relevant)
a) Prosthesis ( )
b) Calliper/Brace ( )
c) Crutches ( )
d) Others (please state)
_____
_____</td></tr>
</table>

<table>
<tr><td rowspan="2">3.</td><td rowspan="2">How do you walk outside your house?

(Example: going around your house, going to school, shopping or working place, etc.)</td><td>Without assistive device

YES ( )

NO ( )</td><td>Do you have a limping gait? (e.g. walk with a limp)

a) None ( )

b) Mild ( )

c) Moderate ( )

d) Severe ( )</td></tr>
<tr><td>With assistive device

YES ( )

NO ( )</td><td>State the device(s): (Tick all relevant)

a) Prosthesis ( )

b) Calliper/Brace ( )

c) Crutches ( )

d) Others (please state)

_____

_____</td></tr>
<tr><td>4.</td><td>Could you run on the badminton court?</td><td>NO ( )</td><td>YES ( )

a) Easy ( )

b) Slight difficulty ( )

c) Moderate difficulty ( )

d) Extreme difficulty ( )</td></tr>
<tr><td rowspan="2">5.</td><td colspan="3">Special notes about the athlete's disability that justify him/her to use wheelchair to play badminton. (Example: Past medical history, current medical problems, further evidence etc)</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td colspan="4">Acknowledgement</td></tr>
</table>

Athlete	Manager / Coach	Doctor
Signature:	**Signature:**	**Signature:**
Full Name:	**Full Name:**	**Full Name:**
Date: (DD/MM/YYYY)	**Date:** (DD/MM/YYYY)	**Date:** (DD/MM/YYYY)